REQUEST FOR PATENT FEE REFUND

1 Date of Request: 08/15/95	2 Serial/Patent # 08/494,388

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
☒ Filing			$ 330
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance 9-1-95			$
Assignment			$
Other Please complete form 1577			$

7 TOTAL AMOUNT OF REFUND	$ 330

8 TO BE REFUNDED BY:

10 REASON:	
☒ Overpayment	Treasury Check
Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	9 19 -- 0036

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: E. McCray TITLE: _____

SIGNATURE: Elizabeth McCray PHONE: 308-1172

OFFICE: _____

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Bill Phillips DATE: 9-18-95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)

```
     ID MCH    TPE NAME OR ACCOUNT C-NBR MLEDTE CURDTE   F-C   $ AMOUNT
     C   310    1  08474388          00247 950607 950714  101    1,628.00
NO MORE TRANSACTIONS
```

END OF YOUR QUERY

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.

2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.

3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.

4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]

5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.

6. **AMOUNT:** Enter the dollar amount of the refund.

7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.

8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK** OR **CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, **stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.**

9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.

10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.

11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES: **WHITE:**   *Attach to the official file.*
            YELLOW: *Attach to the official file.*
            PINK: *Retain for originating office.*

Mail or hand-carry the completed form with attachment(s) to:
Office of Finance
Refund Branch
Crystal Park One, Room 802B